

SSP-1
(10/77)
Replaces SSP-1 (2/77)

FROM: _____
(Name)

(Title)

(Office)

(Telephone)

DATE: _____

- (1) PROBLEM AREA (Identify and explain)
- (2) RECOMMENDED NEW OR REVISED POLICY (In connection with problem identified)
- (3) TARGET DATE FOR RECOMMENDED POLICY IMPLEMENTATION (Include reason for priority status, if applicable)
- (4) IDENTIFY ANY OTHER AREAS OF POLICY WHICH WILL BE AFFECTED BY RECOMMENDED CHANGE. WILL ADDITIONAL POLICY REVISIONS IN OTHER AREAS BE NECESSARY?
- (5) IDENTIFY THE SECTION AND SUBSECTION OF THE MANUAL WHICH IS AFFECTED BY THIS POLICY RECOMMENDATION
- (6) EXPLAIN WHETHER STAFF TRAINING WILL BE NECESSARY IN CONNECTION WITH THIS POLICY AND IDENTIFY THE EXTENT OF TRAINING YOU BELIEVE WILL BE NECESSARY FOR POLICY IMPLEMENTATION